

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039173

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED NOV 15 1963

VS 300
Rev. 4/59

1 016X

2 R120

3

4 0

5 1

6

7 1

8 2

9 4/13x

10

11

12 3-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK
OR
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, give TOWNSHIP only) Cape Girardeau		c. CITY OR TOWN McClure	
c. FULL NAME OF (If NOT in hospital, give location) Southeast Hospital		d. STREET ADDRESS (If outside, give location) None	
3. NAME OF DECEASED (Type or print) Thomas Mack Cantrell		4. DATE OF DEATH Nov 7 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-2-1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		11. BIRTHPLACE (City and state or country) McClure, Ill	
13a. FATHER'S NAME Thomas Cantrell		13b. MOTHER'S MAIDEN NAME Anna Sorrells	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		17. INFORMANT Mrs. Pauline Cantrell	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Probable Pulmonary Embolus DUE TO (b) Cardiac Decompensation DUE TO (c) Arteriosclerotic + Hypertensive Cardiovascular Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not related to the terminal disease condition given in PART I (a)) Chronic pyelonephritis, Diabetes Mellitus		INTERVAL BETWEEN ONSET AND DEATH Immediate 6 years 6 yrs +	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Oct 15, 1957 to Nov 7, 1963 and last saw him alive on Nov. 7, 1963 Death occurred at 11:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Ernest M. Howarth, M.D.		22b. ADDRESS 210 Christine St. Cape Girardeau, Mo.	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11-10-1963	
23c. NAME OF CEMETERY OR CREMATORY Lindsay Cemetery		23d. LOCATION (City, town, or county) (State) McClure Ill	
24. FUNERAL DIRECTOR Brinkopf-Howell Cape Gir, Mo.		25. DATE RECD. BY LOCAL REG. 11-12-63	
26. REGISTRAR'S SIGNATURE Shane Kasten			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W. H. Easton

Licensed Embalmer No. 3568

P. O. Address Dupe Girard

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.